NDP MAS Nurse Call Log (Optional)

(To be completed by the MAS))

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FACILITY

DATE OF CALL	TIME OF CALL	FACILITY AND PHONE # OF CALLER	NAME OF CLIENT / NAME OF CALLER	ISSUE	ORDERS GIVEN	RETURN CALL DATE / TIME	FFECTIVENESS
	AM PM		 MAC			D T	
	PM AM		 MAC			D T	
	AM PM		 MAC			D T	
	PM AM		 MAC			D T	
	AM PM		 MAC			D T	

MAS NURSE SIGNATURE _____ **RN/LPN** **Date** _____

MAS NURSE SIGNATURE _____ **RN/LPN** **Date** _____

1. *Original copy to agency file*
2. *Maintain coy for MAS Nurse files*